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County of Sutherland.

County Committee
on
Secondary Education.

Medical Officer's
Annual Report,

1913.

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To the COUNTY COMMITTEE on SECONDARY EDUCATION,
COUNTY OF SUTHERLAND.

Your Grace and Gentlemen,

I have the honour to submit for your consideration my Second Annual Report on the Medical Inspection and Supervision of School Children in the County of Sutherland, for the year ending 31st July, 1913.

In preparing this Report I have adhered, in the main, to the same arrangement as in last year's Report.

In carrying out the practical details of the scheme the same methods have been followed as were outlined in the Report for 1911—12. One routine visit of inspection is made to each School in the County during the year. In the case of the smaller Schools every child present is examined on the occasion of this visit. At the larger Schools, however, children aged 6, 8, 10 and 13 only are examined, with, in addition, all children kept under supervision since the date of last inspection, and any other children brought forward for advice by parents or teachers.

At the routine inspection each child is carefully examined and the details of the examination noted down on the schedule for that purpose. This inspection is an annual one for all children attending Schools with 50 or less on the roll. In the larger Schools, each child is examined in this complete way once in two, occasionally, in three years.

Other visits of a non-routine or surprise nature are made to the schools during the year. At these visits, children who have been noted at the previous inspection as under supervision or concerning whom notices have been sent to the parents are re-examined, and any change in their condition, or treatment received, noted.

I have arranged to make my visits of routine inspection to the schools on the east coast during the winter season. Travelling facilities are better on the east coast, and visits to schools in winter can be made more conveniently than in the north and west. Further, the attendance of the east coast schools is better in winter than it is in the north and west, so that fewer children are absent from the inspection. The more remote schools are inspected in spring and summer.

Looking back to the two years during which Medical Inspection of School Children has been established in the county, one finds that the machinery has been started and continued working with remarkably little jar. It is now an accepted institution in the county, eagerly taken advantage of by parents and teachers alike. There has been no friction, no unpleasantness ; and the results, all difficulties considered, have been good. Medical Inspection, however, must be progressive. There are many problems yet to be faced, and many difficulties to be overcome, before the full benefit can be reaped in this county from an institution which has been set up to enhance the value, and make more useful the lives, of the nations most important asset. the rising generation.

I have again to record my appreciation of the help I have in every case ungrudgingly received from the teachers in the county. Their interest in Medical Inspection and assistance in the work are invaluable.

My thanks are also due to you as a Committee, both individually and collectively, for help and support ; and to Mr. Argo, your Clerk, for his practical advice on many matters. For those School Boards who readily accept and carry into effect any recommendations regarding school sanitation and the betterment of the children under their charge, I must also place on record my appreciation.

I have the honour to be,

Your obedient servant,

ALEXANDER BREMNER,

School Medical Officer.

Public Health Office,
DORNOCH.
November, 1913

I.

GENERAL RECORD OF WORK DONE.

During the year under review, 1,949 children have been examined. 363 of these have been re-examined on one or more occasions, so that the total number of inspections made has been 2,496.

Of the 1,949 children examined, 1,789 were routine cases 160 being non-routine—either children kept under observation since last year or presented for inspection by parent or teacher.

In Table I. the children inspected are classified according to age and sex.

TABLE I.

AGE NUMBER OF CHILDREN INSPECTED.

Age.	Boys.	Girls.	Total.
5	81	70	151
6	102	65	167
7	90	92	182
8	121	131	252
9	77	89	166
10	134	108	242
11	87	67	154
12	93	78	171
13	133	115	248
14	17	22	39
Other Ages	10	7	17
Non-Routine			160
TOTAL ..	945	844	1949

The numbers of children examined in each School Board area are given in Table II. :—

TABLE II.

NUMBER OF CHILDREN EXAMINED IN EACH SCHOOL BOARD AREA.

School Board.	Number of Schools.	Routine. Boys.	Routine. Girls.	Non-Routine.	Total.
Assynt ..	7	112	106	13	231
Clyne ..	3	50	69	8	127
Creich ..	4	84	67	5	156
Dornoch ..	5	150	113	21	284
Durness ..	2	28	25	7	60
Eddrachillis ..	4	68	65	14	147
Farr	7	137	104	25	266
Golspie ..	2	63	40	23	126
Kildonan ..	3	66	82	19	167
Lairg ..	2	32	35	7	74
Loth ..	2	27	18	—	45
Rogart ..	3	51	52	—	103
Tongue ..	3	77	68	18	163
TOTAL ..	47	945	844	160	1949

SUMMARY OF DEFECTS DISCOVERED.

Table III. summarises the number and nature of the defects discovered in the routine examinations.

TABLE III.

NUMBER AND NATURE OF DEFECTS DISCOVERED.

Defect.		Boys.	Girls.	Total.
Malnutrition		197	151	348
Uncleanliness	Body	101	62	163
	Head	86	60	146
	Nits	26	251	277
	Vermin	15	21	36
Teeth		226	296	522
Affections of Nose and Throat		298	230	528
External Eye Disease (including Squint)		20	24	44
Vision		99	121	220
Ear Disease (including Deafness)		12	3	15
Speech		7	6	13
Mentally Defective		7	5	12
Heart		12	39	51
Lungs		50	17	67
Tuberculosis (including Lungs)		12	9	21
Deformities and Spinal Disease		16	3	19
Infectious and Contagious Disease		3	3	6
Anaemia		62	56	128
Other Conditions		6	5	11
TOTAL		1255	1362	2617

NOTICES TO PARENTS.

Defects requiring treatment were the subject of 145 Notices to parents as shown in Table IV.

TABLE IV.

DEFECTS REQUIRING TREATMENT CONCERNING WHICH NOTICES WERE SENT TO PARENTS.

Vision	53
Vermin	33
Uncleanliness	22
Malnutrition	10
Scabies	5
Affections of Nose and Throat	4
Deafness and Ear Disease	6
Teeth	3
Clothing	3
Rupture	2
Ringworm	1
Other Conditions	3

CHILDREN UNDER SUPERVISION.

As a result of the year's inspection, 79 children are at present under supervision because of the following defects :—

TABLE V.

CHILDREN UNDER SUPERVISION.

Lungs	25
Delicate or Anaemic	17
Heart	11
Vision	6
Malnutrition	6
Uncleanliness	4
Other Conditions	10

VISITS TO SCHOOLS.

During the year, 119 visits were made to schools, 47 of these were routine, the remainder being occasional or surprise visits. Each school was visited at least twice in the course of the year, some as often as 3, 4 or 5 times as opportunity presented or as necessity demanded. More frequent surprise visits for the purpose of supervision and following up would be of value, but I find that it is impossible to do more in this way than is being done. It is possible to arrange and carry out satisfactorily a programme of routine visits to each school once a year, but it is a matter of great difficulty considering the other demands of the county to regularly supervise the children especially in the remoter parts by more frequent visits. One or more school Nurses for this purpose would be invaluable.

NON-ROUTINE CHILDREN.

The following is a summary of the defects discovered in non-routine children brought for inspection :—

Delicate, Anaemic, or Badly Nourished	113
Uncleanliness	23
Deafness and Ear Disease	4
Vision	11
Infectious or Contagious Disease	3
Rupture	1
Other Conditions	5

BOYS.

TABLE VI.

HEIGHT.

Age.	4	5	6	7	8	9	10	11	12	13	14	15
Assynt ..		42.6	45.7	47.2	48.7	50.4	54.0	54.0	57.5	59.1	63.2	61.8
Clyne ..		40.4	43.0	46.0	48.9	—	47.0	57.5	57.0	57.0	62.0	—
Creich ..		44.0	44.7	46.8	47.2	51.4	53.2	54.7	55.2	57.8	—	64.0
Dornoch ..	43.0	42.6	45.1	46.4	49.3	51.4	51.4	54.3	55.8	58.4	60.9	—
Durness ..		45.0	—	48.4	52.5	51.0	53.0	55.0	59.0	59.8	64.5	—
Eddrachillis		41.5	44.9	46.7	49.7	52.3	52.1	53.6	56.6	58.7	—	—
Farr ..		42.8	45.3	47.1	50.1	50.0	52.7	54.9	57.5	59.6	59.7	—
Golspie ..		44.3	45.7	44.5	49.4	54.7	51.6	54.0	57.8	57.8	60.6	—
Kildonan ..	41.7	41.2	42.6	46.1	49.0	49.8	51.4	53.0	55.5	57.9	—	—
Lairg ..		42.5	45.3	46.5	48.8	—	53.0	—	58.1	59.0	—	66.1
Loth ..	39.0	42.2	43.7	47.9	50.7	47.3	48.2	51.7	58.5	57.0	—	57.0
Rogart ..		45.0	44.5	45.3	48.3	51.7	53.8	54.0	57.2	58.8	59.1	63.5
Tongue ..		44.4	45.4	48.2	48.2	52.1	52.8	55.2	55.6	60.5	57.3	—
Average Ins. ..	41.4	42.7	44.9	46.9	49.1	51.0	50.5	54.2	56.5	58.5	60.1	62.9
Centimetres	105.4	108.5	114	119	124.5	129.95	128	137.5	143.5	148.5	152.5	160

TABLE VII.

HEIGHT.

GIRLS.

Age.	4	5	6	7	8	9	10	11	12	13	14	15
Assynt . .		41.2	45.0	46.5	49.4	51.3	52.7	54.0	57.2	57.8	60.5	61
Clyne . .		41.6	45.3	47.1	48.1	48.5	52.3	56.2	57.0	58.7	—	—
Creich . .		41.6	44.0	47.3	47.9	50.3	52.0	53.3	56.4	58.5	59.0	58.5
Dornoch . .		40.7	44.0	45.6	48.7	49.7	52.0	53.5	56.4	59.2	—	—
Durness . .		43.0	44.7	48.1	49.2	50.8	53.0	55.5	59.5	60.2	—	—
Eddrachillis		43.8	45.2	46.2	48.8	50.3	52.2	56.5	56.1	58.8	62.0	—
Farr . .		42.2	44.6	46.6	48.5	50.1	52.8	54.2	56.2	57.6	58.7	60.5
Golspie . .		44.0	45.6	45.1	48.3	49.8	52.7	52.0	53.4	58.9	60.6	—
Kildonan . .		42.8	45.7	46.3	46.9	51.3	51.3	52.5	55.1	57.6	—	—
Lairg . .		41.5	44.6	45.2	47.8	50.2	52.0	54.5	56.0	57.9	58.5	60.0
Loth . .		43.0	—	—	47.7	46.5	50.8	52.5	54.8	60.5	—	—
Rogart . .		42.5	44.0	46.2	49.0	52.4	51.7	53.2	57.2	57.9	61.0	—
Tongue . .		43.1	44.4	47.1	48.2	51.6	50.6	58.0	55.5	57.8	59.8	64.2
Average Ins. . .		42.2	44.7	46.0	48.0	50.6	51.6	54.2	56.2	58.3	59.9	60.8
Centimetres		107.5	113.5	117	122	128.5	131	137.5	142.5	148	152.5	154.5

TABLE VIII.

BOYS.

WEIGHT.

Age	4	5	6	7	8	9	10	11	12	13	14	15
Assynt . .		42.3	50.4	53.3	62.2	62.3	71.5	73.9	86.1	94.7	120.2	114.1
Clyne . .		38.7	42.2	48.0	55.9	—	65.5	88.5	80.0	80.0	114.5	—
Creich . .		43.1	47.2	50.9	52.3	63.2	71.4	70.4	76.6	86.9	—	104.0
Dornoch . .	44.0	42.2	46.7	51,7	58.2	62.0	65.1	71.4	79.3	87.5	100.6	—
Durness . .		46.7	—	61.0	62.1	64.0	69.2	71.0	85.1	89.0	114.0	—
Eddrachillis		41.3	49.8	51.1	59.4	64.6	64.4	69.5	88.9	87.4	—	—
Farr . .		43.0	46.8	50.7	58.9	56.8	67.1	70.8	81.3	91.1	97.0	—
Golspie . .		45.0	46.6	47.6	57.7	66.1	66.2	76.0	85.8	90.6	99.5	—
Kildonan . .	39.7	41.7	43.6	.52.1	57.3	57.6	63.7	73.4	75.7	85.5	—	—
Lairg . .		41.6	50.5	51.3	58.5	—	71.0	—	84.8	86.1	—	117.2
Loth . .	32 0	42.0	44.2	55.0	63.5	58.0	58.2	71.1	94.0	81.8	—	102.0
Rogart . .		45.0	47.7	47.5	60.2	66.7	66.8	69.3	86.3	88.6	96.0	104.0
Tongue . .		44.8	47.2	54.2	52.6	63.2	65.3	71.1	77.6	93.8	77.1	—
Average lbs. . .	38.5	42.0	47.2	52.4	57.9	61.4	64.9	71.3	81.3	88.3	97.6	110.5
Kilograms	17.5	19.0	21.5	24.0	26.5	28.0	29.5	32.5	37.0	40.0	44.5	50.0

TABLE IX.

WEIGHT.

GIRLS.

	4	5	6	7	8	9	10	11	12	13	14	15
Assynt ..	—	38.0	47.5	51.0	62.2	61.5	66.0	74.0	88.8	86.2	102.8	102.9
Clyne ..	—	41.0	46.7	54.8	52.7	60.5	63.4	74.1	79.6	86.9	—	—
Creich ..	—	40.6	42.5	51.0	51.1	59.5	64.7	66.3	76.0	90.2	91.0	90.5
Dornoch ..	—	38.9	45.3	47.1	55.3	59.4	65.9	69.5	85.8	93.0	—	—
Durness ..	—	42.4	45.2	53.6	56.2	59.1	64.5	68.1	87.0	96.2	—	—
Eddrachillis	—	43.0	47.2	51.6	57.3	58.2	62.5	77.4	80.8	89.2	106.0	—
Farr ..	—	40.2	44.1	49.6	54.7	60.9	62.8	69.3	80.8	86.3	90.0	114.5
Golspie ..	—	45.0	47.1	45.2	56.2	56.6	71.6	64.0	69.8	93.6	90.2	—
Kildonan ..	—	42.1	49.7	51.4	51.4	63.5	62.0	67.6	76.4	86.2	—	—
Lairg ..	—	40.8	47.8	51.0	53.1	58.5	64.7	76.5	80.5	84.0	83.5	123.0
Loth ..	—	40.3	—	—	52.9	48.5	66.1	65.6	66.2	92.0	—	—
Rogart ..	—	34.0	43.1	53.7	54.3	66.1	65.0	70.6	81.6	85.4	108.8	—
Tongue ..	—	42.1	45.3	50.6	52.5	62.0	58.5	85.0	75.2	83.6	87.2	112.0
Average lbs. ..	—	40.8	46.0	50.0	54.1	60.6	63.7	71.2	80.6	88.3	96.6	106.9
Kilograms	—	18.5	21.0	23.0	24.5	27.5	29.0	32.5	36.5	40.0	44.0	48.5

II.

FACTS DISCLOSED BY MEDICAL INSPECTION CONSIDERED IN DETAIL.

In this section of the Report, I have adopted the same plan as last year. I have adhered to the system of contrasting each School Board Area, because, though for statistical purposes the relative figures may be too small to be of great value, still the arrangement has its local interest, and for comparative purposes it is not altogether devoid of merit, and in some cases points a moral.

(1). HEIGHT AND WEIGHT.

Tables VI., VII., VIII. and IX. are, at first sight, apt to be misleading. As a means of comparison of the physical condition of boys and girls at different schools or in different parts of the county the figures shown in the tables are of little value. The figures showing the average height and weight for a particular age group depend largely on the number of children whose measurements contribute to this result. A true comparative figure is only got when the number of children examined is large enough to be representative of all classes of children at that age. This cannot be the case when the averages are based on the results of the examination of only a few children. The value of comparative figures is further diminished by the fact that the conditions under which measurements are taken vary, and are bound to vary, with each school. When averages based on the results of several years' inspections can be got, then only can a true local standard be set up.

In the meantime, measurements of height and weight are valuable in estimating the physical well-being of each child between successive inspections. For example, if a child is found to have gained only ½ inch in height or 1 lb. in weight the inference is that some debilitating agency is at work, and it must be sought for. Further the relation between height and weight is a useful index to the child's nutrition.

TABLE X.

Age.	HEIGHT.				WEIGHT.			
	Boys.		Girls.		Boys.		Girls.	
	Sutherland.	Standard.	Sutherland.	Standard.	Sutherland.	Standard.	Sutherland.	Standard.
5	42.7	41	42.2	40.5	42	39.9	40.8	39.2
6	44.9	44	44.7	42.8	47.2	44.4	46	41.7
7	46.9	45.9	46	44.4	52.4	49.7	50	47.5
8	49.1	47	48	46.6	57.9	54.9	54.1	52.1
9	51	49.7	50.6	48.7	61.4	60.4	60.6	55.5
10	50.5	51.8	51.6	51	64.9	67.5	63.7	62
11	54.2	53.5	54.2	53.1	71.3	72	71.2	68.1
12	56.5	54.9	56.2	55.6	81.3	76.7	80.6	76.4
13	58.5	56.9	58.3	57.7	88.3	82.6	88.3	87.2

In Table X., I have contrasted the height and weight of children in the county of Sutherland with the standard for Britain as a whole, which I have taken to be the average adduced by the Anthropometric Committee of the British Association. This standard is not a very good one but it is the only one in the meantime available.

It will be seen that the children in the County of Sutherland are heavier in every age group than the children throughout the country as a whole. The height of the Sutherland children is also seen to be greater, with the exception of the 10 age group, and this is an accidental variation. The results of more inspections, however, are required before a true standard for the County of Sutherland can be set up.

(2). CLOTHING AND FOOTGEAR.

Very little fault can be found with the clothing of the Sutherland School children from the point of view of sufficiency. One or two families only were markedly underclad. The opposite extreme is far more common, and I have again to remark on the difficulty of getting parents to understand that an excessive amount of clothing is harmful. It is easy to appreciate the parents attitude. The child is delicate and readily "catches cold"; and to obviate this, the mother envelopes her child in layer after layer of heavy woollen clothing—"to keep the cold out." This probably does keep the cold out, but it also keeps in the moisture given off in the form of vapour from the child's body. This vapour condenses in the texture of the clothing, and in so doing, it abstracts heat from its surroundings. This heat, in the case of the overclad child, is taken from the skin, and the whole body becomes chilled. This is the true explanation of the liability of these children to "catch cold."

Children do not require clothing to keep cold out. The primary purpose of clothing is to keep the heat of the body from being conducted away too rapidly. Heat is generated by the chemical changes always going on in the body, and this heat is best kept in by light clothing of non-conducting material. The body heat is supplied from sugars, starches and fats; and if a child is rationally fed and lightly but adequately clad there is no necessity for "keeping the cold out."

Delicate children are in many cases kept delicate by over solicitude on the part of their mothers.

As regards cleanliness the condition of the clothing is, on the whole, satisfactory; though it is quite common to see children whose bodies are fairly clean, but whose outer clothing is filthy.

Many children, however, whose body clothing is satisfactory, have very imperfect footgear. Defective boots are far more commonly met with than defective clothing; and this is a fertile cause of colds and gastric disturbances in children during winter, especially in the country schools.

TABLE XI.

NUTRITION.

		BOYS			GIRLS			TOTAL.		
Age.		Good	Poor	Bad	Good	Poor	Bad	Good	Poor	Bad
5	No	68	10	3	56	12	2	124	22	5
	%	84.1	12.3	3.6	80.2	17	2.8	82.3	14.4	3.3
6	No.	79	20	3	47	14	4	126	34	7
	%	77.5	19.6	2.9	72.3	21.5	6.2	75.5	20.3	4.1
7	No.	68	22	7	67	23	2	135	45	9
	%	67.9	24.4	7.7	71.8	25	3.2	70.4	24.7	4.9
8	No.	92	29	—	104	23	4	196	52	4
	%	76.1	23.9	—	79.5	17.5	3	77.9	20.6	1.5
9	No.	61	16	—	77	10	2	138	26	2
	%	79.3	20.7	—	86.6	11.2	2.2	83.2	15.6	1.2
10	No.	96	29	9	85	20	3	181	49	12
	%	71.7	21.6	6.7	78.8	18.5	2.7	74.9	20.2	4.9
11	No	62	20	5	56	10	1	118	30	6
	%	71.4	22.9	5.7	83.7	14.9	1.4	76.8	19.4	3.8
12	No.	78	13	2	74	4	—	152	17	2
	%	84	13.9	2.1	94.9	5.1	—	89	9.9	1.1
13	No.	124	8	1	100	15	—	224	23	1
	%	93.3	6	.7	87	13	—	90.4	9.2	.4
14	No.	17	—	—	19	3	—	36	3	—
	%	100	—	—	86.4	13.6	—	92.4	7.6	—
All Ages	No.	745	167	30	685	134	18	1430	301	48
	%	79.3	17.5	3.1	81.8	15.8	2.1	80.6	16.8	2.6

(3). NUTRITION.

Table XI. shows the numbers and percentages of children suffering from malnutrition at each of the age groups.

In estimating nutrition the same standards were used as last year, and the classification is similar :—

1. Good.—Includes the stalwart, robust child, the very picture of health ; as well as the child of fair, all-round development.
2. Poor.—Includes children showing signs of Malnutrition in the form of slight anaemia, dryness of skin, pallor or underweight, but not so marked as Class 3.
3. Bad.—Children showing all the signs and symptoms of Malnutrition—anaemia, listlessness, flabby tissues, poor muscular development, under-sized and emaciated.

There is no universally recognised standard by which nutrition can be accurately measured. Each examiner estimates nutrition by a standard of his own, which is bound to vary with his own ideas of nutrition, with his experience and with the general condition of the children in his district. His standard is also subject to local variations. In a school where the average nutrition is poor, it is a matter of considerable difficulty to maintain the same standard as in a better class school. Subconsciously the inspector lowers his standard.

In classifying children with regard to their nutrition, many factors have to be considered. No one is sufficient in itself and perhaps the best guide is the general appearance of the child. A child whose vital functions are not being properly carried on is readily recognised.

The results of this year's inspection show that there has been no improvement in the nutrition of the school children but rather the reverse. The percentages of poorly nourished and emaciated children are appreciably higher foi both boys and girls.

Nutrition is at its worst in the intermediate ages, 82% of 5 year olds were found to be well nourished. This proportion becomes gradually less for both sexes in each succeeding yea up to the age of 10 or 11, when the percentage of well-nourished children is only 74.9. Then there is a more rapid rise to the age of 15. This is borne out by the results of both years' inspections, so that it must be taken as a general rule. The school child of either sex is more poorly nourished at the age of 10 than when he enters or leaves school.

MALNUTRITION is so important a factor in school life and has such an effect on the education and after health of the children that I think no apology is necessary for entering somewhat fully into a consideration of its causes and remedies.

Defective nutrition may be the result of various agencies which, from their nature, render change a matter of time. Several causes are usually at work in the same child.

(1). FOOD.

In my experience the food factor is the most productive cause of Malnutrition. It may be insufficient in quantity or unsuitable in quality. The latter is the more common, but frequently both are combined.

(a) INSUFFICIENT FOOD.—Only a comparatively few cases of Malnutrition can be put down as due solely to this cause. But it is a common experience to find that children leave home in the morinng with practically no breakfast and walk several miles to school. Delicate, nervous children, anxious to be in time for school, worried, perhaps, over the lessons in front of them, have no appetite in the morning and come to school, to all intents and purposes, fasting, in which condition they have to remain till 5 o'clock in the evening. The well-being of such children is bound to suffer.

Apart from this, I have only seen three families who were in actual poverty and could not give the children the food they required ; and these cases were due to sheer laziness and indifference on the part of the parents. Other families in the same locality were well fed, their parents being more thrifty and industrious.

(b) FOOD OF UNSUITABLE QUALITY.—This is undoubtedly the most common agent in undermining the health of the school child in this county. Knowledge of food values, the proper cooking of food and the importance of regular dietary for children are obsolescent. A breakfast of tea and bread and jam is not suited to the requirements of a growing child. Porridge and milk is an ideal breakfast, but its importance is not appreciated or realised, and its consumption is not insisted on. Fat also forms an essential element in the constitution of a child's food, but fat is not, as a rule, relished. Suitable mid-day meals should be provided for every child attending school. Where the parents cannot do so, or where they live too far from school, the School Board should make arrangements for its provision. This is done by a considerable number of Boards in the county and is undoubtedly doing good.

Children whose mother is a chronic invalid frequently suffer from malnutrition, the result of unsuitable or improperly prepared food.

(2). HOME ENVIRONMENT.

Unsuitable home conditions have a very important effect on the nutrition of children. Uncleanliness of the home, overcrowding, want of light and fresh air have a most detrimental effect on the health of young children. Just as plants crowded together in a confined space, with inadequate supply of sunlight and fresh air grow up weakly and stunted, so do children reared in insanitary houses become anaemic and unhealthy. A typical example of this came to my notice on the west coast. A large family occupied a one-roomed house, which was so overcrowded that the children had to sleep on shakedowns on the floor. They were suffering from extreme anaemia and malnutrition, but when the family were moved to a more suitable house, the condition of the children underwent an immediate and vast improvement.

Insanitary schools have a deleterious effect on the health of children just as insanitary homes. A dirty school, an improperly ventilated classroom, overcrowding, unsuitable school furniture, no provision for ablutions, invariably re-act on the physical condition of the children. It should be the aim of every School Board to make their schools models of hygienic perfection, especially in those districts where the housing conditions are bad.

(3). INSUFFICIENT SLEEP.

To thrive satisfactorily, a young child requires from 10 to 12 hours sleep in the 24. How many of our school children receive this amount of sleep ? Children are too frequently allowed to sit up listening to the conversation of their elders during the long winter evenings until it is time for their parents to seek repose. 7 or 8 hours sleep are sufficient for an adult, but hopelessly inadequate for a child.

(4). WORK OUTSIDE SCHOOL HOURS.

This is a common cause of defective nutrition in school children in burghal and city areas, but, with the exception of some of the villages, I cannot say that it has a serious effect here.

(5). INTER-MARRIAGE.

There can be no doubt that close inter-marriage results in a weakened progeny. Every stock-breeder knows this, and there are several districts in the County of Sutherland where a considerable degree of malnutrition is due to constitutional weakness the result of the close relationship of the parents.

(6). PHYSICAL DEFECTS.

Dental caries, enlarged tonsuls and adenoids, uncleanliness and vermin are all productive of malnutrition.

(7). ACTUAL DISEASE.

Malnutrition commonly follows acute infectious illnesses, and always accompanies chronic disease such as tuberculosis.

Such are the more important causes of malnutrition as coming under my observation in this county ; and, from their nature, complexity and inter-re-action, considerable time and patience are required before they can be eliminated. Malnutrition is a symptom, not a disease, and such being the case, it is the underlying cause that must be sought out and removed before the well-being of the child can be improved.

Better housing is essential, and this is gradually coming to pass.

Enlightenment and common sense must be made to prevail over the habits of ignorance and indifference which have become hidebound amongst certain classes of the population. Education of parents by simple lectures and health talks, and above all, instruction of the rising generation in elementary hygiene, laws of health, food values and the proper cooking of food, are the lines along which improvement must be looked for.

In Table XII. I have tabulated for comparison the percentages of good, poor and badly-nourished children in each of the School Board Areas.

The parish of Tongue has the lowest percentage of well nourished children, only 64.9% being placed in this category. Melness School contributes chiefly to this unsatisfactory state, and to those who know the district, it will be evident that most of the conditions prevail which I have enumerated above as influencing the nutrition of children.

Eddrachillis is a good second and is worse in some respects than Tongue, in that 8.2% of the children examined were actually emaciated. Old Shore More has the greatest share in the production of this result.

TABLE XII.

District.	Good.	Poor.	Bad.
Assynt	85.8	11	3.2
Clyne	91.6	8.4	—
Creich	74.9	21.8	3.3
Dornoch	84.8	13.7	1.5
Durness	71.6	25.3	3.1
Eddrachillis	70.8	21	8.2
Farr	83.9	14.5	1.6
Golspie	77.7	19.4	2.9
Kildonan	83.9	12.8	3.3.
Lairg	85.1	14.9	—
Loth	72.8	25	2.2
Rogart	86.5	13.5	—
Tongue	64.9	31	4.1

The children with the best all-round nutrition were found in the parishes of Clyne and Rogart.

The appointment of a teacher of Physical Instruction during the year has already been productive of good. This is most apparent amongst the older girls. I notice a very considerable improvement in the carriage and physical condition of these girls this year. The teacher is employed in the meantime, only at the Higher Grade Schools of Helmsdale, Golspie, Dornoch, and at the Sutherland Technical School. The benefit which children attending these Schools have derived ought to stimulate other schools to follow their example.

Golspie School Board has also gone a further step in the right direction in the appointment of a teacher of Domestic Science and Home Hygiene. This is worthy of imitation by other Boards.

TABLE XIII.
CLEANLINESS.

		BODY.						HEAD.							
		Boys.			Girls.			Boys.				Girls.			
Age		Dirty	Very Dirty	Vermin	Dirty	Very Dirty	Vermin	Dirty	Very Dirty	Nits	Vermin	Dirty	Very Dirty	Nits	Vermin
5	No.	4	—	1	—	1	—	6	—	4	1	—	1	10	1
	%	4.9	—	1.2	—	1.4	—	7.3	—	4.9	1.2	—	1.4	14.2	1.4
6	No.	7	4	3	5	1	2	8	3	2	3	4	2	24	3
	%	6.8	3.9	2.9	7.7	1.5	3.1	7.8	2.9	1.9	2.9	6.2	3.1	37.2	4.6
7	No.	9	1	1	10	—	1	7	1	4	1	10	—	26	6
	%	9.9	1.1	1.1	10.8	—	1	7.7	1.1	4.4	1.1	10.8	—	28.2	6.5
8	No.	11	1	4	12	—	4	10	1	5	2	14	—	43	5
	%	9	.8	3.3	9.1	—	3	8.2	.8	4.1	1.6	10.7	—	32.8	3.8
9	No.	6	—	—	3	—	—	6	—	1	—	3	—	26	1
	%	7.7	—	—	3.3	—	—	7.7	—	1.2	—	3.3	—	29.2	1.1
10	No.	23	3	6	12	2	2	21	1	5	—	14	2	35	3
	%	17.1	2.2	4.4	11.1	1.8	1.8	15.6	.7	3.7	—	12.8	1.8	32.4	2.7
11	No.	9	—	—	5	—	1	7	—	2	—	4	—	18	1
	%	10.4	—	—	7.5	—	1.4	8.1	—	2.3	—	5.9	—	26.8	1.4
12	No.	11	—	—	7	—	—	9	—	2	—	4	—	21	—
	%	11.6	—	—	8.9	—	—	9.5	—	2.1	—	5.1	—	26.9	—
13	No.	11	—	—	3	—	—	7	—	2	—	2	—	35	—
	%	8.2	—	—	2.6	—	—	5.2	—	1.5	—	1.7	—	30.4	—
14	No.	1	—	—	1	—	—	1	—	—	—	—	—	9	—
	%	5.8	—	—	4.5	—	—	5.8	—	—	—	—	—	40.8	—
	No.	92	9	15	58	4	10	80	6	27	7	55	5	247	20
	%	9.7	.9	1.5	6.8	.4	1.1	8.4	.6	2.8	.7	6.5	.5	29.2	2

(4). CLEANLINESS.

In Table XIII. is presented the numbers and percentages of the various degrees of uncleanliness and vermin found in each sex at the various ages.

It will be seen that, like last year, boys are dirtier than girls as a general rule. This applies to all degrees of uncleanliness except vermin of the head.

29.2% of girls examined were found to have nits in their hair, and 2.2% harboured vermin. There is a slight improvement in this respect over last year. Boys' heads are less commonly verminous because of the simple fact that their hair is cut short. It is the habit of wearing the hair long on the part of the girls that leads to contamination and renders the extirpation of this pest so difficult. Instructions for cleaning the head were sent to the parent of every child who was found to be affected, and if these instructions are carefully carried out, a child's head can be cleaned and kept clean. The following is a copy of these instructions :—

M.I.4.

Directions for Cleansing Children's Heads.

1. Rub well into the child's scalp at night a mixture of equal parts of paraffin and olive oil.
2. Wrap the hair in a cloth fastening round the head, and leave it on all night.
3. In the morning wash the head well with soft soap and water, and, after drying, comb the hair carefully with a fine-toothed comb dipped in warm vinegar. This will remove all nits if persevered with.

If this procedure is repeated every night for a week the child's head will be perfectly clean.

Any crusts on the head should be removed when they are soft enough.

It is advisable not to use vinegar until any broken skin is healed.

N.B.—Do not use paraffin near the fire or a naked light, and do not allow the child to approach either after the application of paraffin to the head.

In the matter of Cleanliness again, it is children between the ages of 8 and 10 that are most deficient, and no doubt the explanation is that the older children take more interest in keeping themselves clean and in caring for their hair. The younger children are looked after in this way by their mother, and between the two extremes there are the ages when the child is neglected by the mother and has not reached the stage of taking a pride in its own appearance.

I think a good deal could be done to improve the cleanliness of school children by confidential talks with the older girls on the part of the teachers. The girls could be stimulated to keep themselves clean and tidy, and also to take an interest in their younger brothers and sisters. I do not believe that this would be at all an invidious duty for the tactful teacher, and I am convinced the results would be good.

Where uncleanliness of the children is a reflection of uncleanliness of the home, the home must be put right first. A child may be temporarily cleaned, but the cleanliness cannot last if uncleanliness in the home persists.

TABLE XIV.

TEETH.

	BOYS.			GIRLS.			TOTAL.		
Number decayed.	0–2	3–5	6 or more	0–2	3–5	6 or more	0–2	3–5	6 or more
Age 5 No.	39	28	14	32	24	14	71	52	28
%	48.3	34.5	17.2	46	34	20	47	34.4	18.5
6 No.	47	39	16	27	23	15	74	62	31
%	46.2	38.2	15.6	41.7	35.3	23	44.3	37.1	18.6
7 No.	35	29	26	39	40	13	74	69	39
%	39	32.2	28.8	43.5	43.5	13	40.7	37.9	21.4
8 No.	57	41	23	42	60	29	99	101	52
%	47.2	33.8	19	32	45.8	22.1	39.4	40	20.6
9 No.	33	34	10	33	41	15	66	75	25
%	43	44.1	12.9	37.2	46	16.8	39.8	45.1	15
10 No.	55	64	15	47	49	12	102	113	27
%	41.2	47.7	11.1	43.6	45.3	11.1	42.2	46.7	11.1
11 No.	35	46	6	30	32	5	65	78	11
%	40.3	52.8	6.9	44.8	47.7	7.5	42.4	50.6	7
12 No.	42	47	4	36	38	4	78	85	8
%	45.3	50.5	4.2	46.2	48.7	5.1	45.6	49.7	4.7
13 No.	79	47	7	52	54	9	131	101	16
%	59.5	35.3	5.2	45.2	47	7.8	52.9	40.7	6.4
14 No.	2	10	5	10	10	2	12	20	7
%	11.9	58.8	29.3	45.6	45.4	9	30.8	51.3	17.9
All No.	424	385	126	348	371	118	772	756	244
Ages %	46	40.6	13.3	42.2	43.9	13.9	44.2	42.2	13.6

(5). TEETH.

In Table XIV. the children are classified in three groups according to the condition of their teeth :

(1). Children with Good Teeth—not more than 2 decayed.
(2). Children with Fair Teeth—3 to 5 decayed.
(3). Children with Bad Teeth—6 or more decayed.

The Table shows that 55.8% of the school children suffer from carious teeth—42.2% have between 4 and 6 decayed, while 13.6% have more than 6. The teeth of girls seem to be in a slightly worse condition than boys.

TABLE XV.

Teeth according to Districts.

District	Good. %	Fair. %	Bad. %
Assynt	68.4	22	9.6
Clyne	27.8	50.4	21.8
Creich	25.9	54.9	19.2
Dornoch	30.8	54	15.2
Durness	40	45	15
Eddrachillis	54.9	37.6	7.5
Farr	49.1	40.2	10.7
Golspie	40.8	42.7	16.5
Kildonan	48.7	40.5	10.8
Lairg	41.9	35.8	22.3
Loth	37.8	44.5	17.7
Rogart	41.7	46.6	11.7
Tongue	54.6	34.4	11
Whole County ..	44.2	42.2	13.6

In Table XV., I have classified the children of each School Board Area according to the percentage of defective teeth.

It will be seen that the children in the parish of Assynt have by far the best teeth, followed by Eddrachillis, Tongue and Farr. It is worthy of note that these are the most remote and rural of the 13 parishes. The worst teeth are found in Creich, Clyne and Dornoch.

It would serve no useful purpose here to enter into a discussion on the causes of dental decay. Authorities have not yet come to an agreement as to the immediate causes of dental caries, but there can be no doubt that the nature of the food plays a very important part. Soft starchy food lodges between the teeth and sets up fermentation. Lactic Acid is produced, which is a powerful solvent of dental enamel. The habitual use of soft food has a further effect in that it does away with the necessity for mastication, and the teeth do not get the exercise they require for their proper preservation. The popular belief that dental cares is largely due to the inordinate consumption of sweets by the modern child has received no corroboration by actual proof.

Delicate children—children suffering from malnutrition as the result of imperfect feeding, whose dietary is not regulated according to the needs of growth—invariably suffer from defective dentition. The teeth are wanting in hardness and gradually crumble away.

Accordingly, so far as our present knowledge goes, the preservation of the teeth must be looked for in an improvement of diet and cleanliness of the mouth to prevent the lodging and fermentation of particles of food between the teeth.

In the meantime, we are more concerned with the fact that dental caries is present to a large extent in over 50% of the school children, and how the evil results consequent on this may be ameliorated. Dr. Leslie Mackenzie in his First Report on the Medical Inspection of School Children in Scotland commenting on the prevalence of dental decay, writes as follows :

> "Septic conditions of the mouth are amongst the commonest causes of bad health. To secure cleanliness of the mouth ought to be a primary object of preventive surgery...........No department of personal hygiene demands more attention. The difficulties are only too obvious, but they do not make the urgency less. UNTIL THE TREATMENT OF TEETH IS EFFICIENTLY ORGANISED THE TREATMENT OF THE OTHER DISEASES OF SCHOOL CHILDREN WILL FAIL TO YIELD A FULL HARVEST."

These are the words of an authority, temporately and dispassionately expressed, and they cannot fail to have weight.

We are faced with two aspects of dental treatment—(1) the early inspection and preservation of the teeth, and (2) the treatment of diseased teeth and septic mouths. The need for treatment on these lines is only too obvious, but the difficulties in the way of efficient treatment are very great especially in an area like the County of Sutherland. It is by no means an easy matter to suggest an effectively organised scheme for dental treatment. It is all very well to expound the virtues of oral hygiene, tooth brush drill in school and so on which are excellent so far as they go; but more detailed and intimate treatment is required. The establishment of a Dental Clinic for the county under the control of a specialist is the most effective solution of a problem which is admitted by all to be serious. In this way only can radical treatment be carried out.

The other alternative of employing dental specialists to visit each school, or one centre in each School Board area, may seem to be more immediately practicable, but the treatment cannot be so effective.

The difficulty in the way of either scheme is that of cost. Every child in the remote parts of the county is necessitious in the sense that there are no qualified dentists nearer than Wick or Inverness, and the expense of bringing children to dental consulting rooms there effectually precludes treatment for all but the well-to-do.

This question will be referred to again in a later part of the Report.

TABLE XVI.

AFFECTIONS OF THE NOSE AND THROAT.

	Age.		5	6	7	8	9	10	11	12	13	14	Tot.
Boys	Enlarged Tonsils	No.	4	12	6	18	16	14	8	9	20	3	110
		%	4.9	11.7	6.6	14.8	20.7	10.4	9.2	9.5	15	17.6	11.6
	Adenoids	No.	1	2	3	1	3	3	3	—	1	—	17
		%	1.2	1.9	3.3	.8	3.8	2.2	3.4	—	.7	—	1.8
	Glands	No.	17	22	29	34	25	37	21	20	21	5	231
		%	20.9	21.5	32.2	28	32.4	27.6	24.1	21.3	15.7	29.3	24.4
Girls	Enlarged Tonsils	No.	5	13	15	18	4	18	3	7	14	3	110
		%	7.1	20	16.1	13.7	4.4	16.6	4.4	8.9	12.1	13.6	13
	Adenoids	No.	—	1	1	2	—	2	—	—	—	1	7
		%	—	1.5	1	1.5	—	1.8	—	—	—	4.5	.8
	Glands	No.	13	17	18	29	19	25	7	11	17	1	157
		%	18.5	26	19.5	22.1	21.2	23.1	10.4	14	14.7	.5	18.6
Total	Enlarged Tonsils	No.	9	25	21	36	20	32	11	16	34	6	220
		%	5.9	14.9	11.5	14	12	13.2	7	9.3	13.7	15.2	12.2
	Adenoids	No.	1	3	4	3	3	5	3	—	1	1	24
		%	.6	1.7	2.1	1.1	1.8	2	1.9	—	.4	2.5	1.3
	Glands	No.	30	39	47	63	44	62	28	31	38	6	388
		%	19.8	23.3	25.8	25	26.5	25.6	18.1	18.1	15.3	15.2	21.1

(6) AFFECTIONS OF THE NOSE AND THROAT, INCLUDING ENLARGED GLANDS.

The prevalence of affections of the nose and throat will be grasped from a study of Table XVI.

12.2% of school children have tonsillar enlargement to a greater or less extent 1.3% suffer from Adenoids and 21.1% from enlargement of the cervical glands. There seems to be little difference between the incidence of these conditions in the two sexes.

As regards age incidence there seems to be two periods of maximum prevalence of enlarged tonsils—8 to 10, and 13 to 14. The prevalence of glandular enlargement and adenoids does not seem to vary much with age.

The Tonsils, enlargement of which is such a common affection in school children, are glandular structures situated on each side of the throat behind the soft palate. Their function is somewhat indefinite, but there can be no doubt that they act as filters for disease germs. Whether this is their only or most important use, it is impossible to say. The majority of disease germs gain access to the human body through the nose and throat. The tonsils are conveniently placed to intercept them

Pathological enlargement is due to an excessive amount of work being thrown on the tonsils so that they cannot destroy all the germs intercepted. This enlargement may be temporary or permanent, and when permanent leads to imperfect performance of the functions of the tonsils, and also obstructs breathing by mechanically lessening the air passages. In chronically enlarged tonsils the enlargement is due to hyperplasia of the fibrous tissue, which results in destruction of the glandular elements. The tonsil, therefore, ceases to function, and becomes a ready prey to disease. A child with enlarged tonsils is more liable than a normal child to attacks of Scarlet Fever, Diphtheria and other throat affections.

The condition known as Adenoids is due to the hypertrophy of a peculiar glandular tissue situated at the back of the throat. When this tissue becomes enlarged, the posterior opening of the nostrils becomes blocked up, rendering nasal breathing impossible. The nose becomes flattened and broadened at the bridge, the mouth is kept constantly open, and the whole appearance and expression of the child are typical of the condition. The growth may, further, block up the openings of the Eustachian Tube which supplies air to the drum of theear, and deafness and ear disease may result. The difficulty in breathing prevents the proper development of the chest and aeration of the lungs, rendering the child affected prone to repeated attacks of cold, bronchitis and asthma. The effects of adenoids on the mental condition of the patient are marked by increasing dulness and stupidity.

Adenoids is therefore by no means a simple condition and the parents of every child so affected were urged to seek immediate surgical advice.

ENLARGEMENT OF THE CERVICAL GLANDS is a very common condition. These glands act as a second line of defence to the invasion of disease germs—the first line of defence being the tonsils—and their enlargement is the result of the germs they have intercepted. Occasionally the attack is too strong for the defence and the glands become inflamed and may suppurate. The regions which supply these invading germs are the scalp, face, throat, mouth and teeth, and simple enlargement of the glands is due to septic conditions of these parts. Such conditions as lice in the head, resulting in the production of infected sores, inflammation of the throat, decayed teeth and septic conditions of the gums are common causes of glandular enlargement.

Amongst other germs, the Bacillus of Tuberculosis is intercepted by the cervical glands, but how great a proportion of enlarged glands is due to this cause it is very difficult to say.

In any case, enlargement of the neck glands is very often a merely temporary condition, and disappears on removal of the cause without appreciably interfering with the child's health. Chronic enlargement, however, due to tuberculosis is a more serious condition, and demands immediate medical attention.

(7) VISION.

Children under 7 years of age are not tested for defects of vision. The ordinary test card consists of a series of letters of graduated size, and it is only when the child knows the alphabet that its eyesight can be tested by this method.

TABLE XVII.

VISION.

	BOYS.				GIRLS.				TOTAL.			
	One Eye.		Both Eyes		One Eye		Both Eyes		One Eye		Both Eyes	
Age	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
7	—	—	9	9.9	4	4.3	10	10.8	4	2.1	19	10.4
8	5	4.1	16	13.3	4	3	22	16.7	9	3.5	38	15
9	5	6.4	1	1.2	7	7.8	14	15.6	12	7.2	15	9
10	11	8.2	14	10.5	10	9.1	15	13.9	21	8.6	29	11.9
11	—	—	6	6.9	2	2.9	6	8.9	2	1.2	12	7.7
12	—	—	3	3.1	3	3.8	9	11.5	3	1.7	12	6.9
13	5	3.7	13	9.8	5	4.3	8	6.9	10	4	21	8.4
14	1	5.8	3	17.6	—	—	2	9	1	2.5	5	12.5
Tot.	27	3.5	65	8.5	35	8.7	86	12.1	62	4.8	151	10.2

Table XVII. shows the results of the examination 10.2% of the children examined suffered from defective vision of both eyes, and 4.8% of one eye, a total of 15%. This is considerably less than last year, due to the fact that many of the children found to have defective vision last year had received and benefited from treatment received in the interval. and were examined again this year.

The most striking fact in Table XVII. is that the vision of girls is at all ages worse than boys. This is a general truth to which the county of Sutherland is no exception. Why the vision of girls should be so much worse than that of boys is a fact not easy to explain satisfactorily. So many factors are involved in the causation of errors of refraction that until the results of more research are available, no true and complete explanation of this anomaly can be laid down. Undoubtedly, a very important causal agent is the extra strain the eyes of girls are subjected to practically as soon as they begin school life by being set such tasks as fine sewing. One is not prepared to say that this is the true or the whole explanation: but in any case it is a part explanation, and girls should not be given such work to do till they are over 8 years of age.

The lighting of school rooms and the arrangement of the desks with relation to the direction of light have an important effect on the vision of young children. School architects do not sufficiently appreciate the fact that the light should always fall on the pupil's left side. When the direction of light is other than this, the pupil takes up an unnatural position at the desk and undue strain is put upon the delicate muscles of the eyeball.

The size and clearness of the print in the lesson books should also be carefully considered by teachers in their choice of school books.

(8). EXTERNAL EYE DISEASE.

The numbers of children suffering from External Eye Disease, as apart from errors of refraction, are shown in Table XVIII.

TABLE XVIII.

	Boys.	Girls.	Total.
Squint	9	8	17
Blepharitis ..	7	7	14
Styes	2	5	7
Corneal Opacities ..	—	2	2
Conjunctivitis ..	1	—	1
Other Conditions ..	—	1	1

Squint is the commonest condition met with and is usually of the convergent type—that is, the eye is turned inwards towards the nose. Only one case of divergent squint was seen. As a rule squint becomes gradually apparent during the early years of school life, and is the result of excessive strain on the eye muscles because of an error of refraction in the eyeball. Such a condition, if treated in time by appropriate glasses, may be altogether cured. Other cases of squint are congenital or the result of debilitating diseases, and, if habitual, or suitable treatment delayed, operation may be necessary to cure the defect. A squinting child suffers from a heavy handicap, apart from the fact that the squinting eye may become totally blind. Treatment, therefore, should not be neglected or delayed.

Blepharitis, or inflammation of the eyelids, frequently follows acute infectious diseases, such as Measles. It is a common accompaniment of malnutrition and uncleanliness, and in many cases the vision is also affected. The condition is disfiguring, and sometimes very intractable to treatment.

Styes are frequently recurrent, and are usually met with in children suffering from chronic or temporary debility.

Corneal Opacities are the result of scars left in the clear surface of the cornea by small ulcers which have healed. If in the centre of the pupil, the eye may be practically blind. Operative treatment gives good results in selected cases.

(9). HEARING AND EAR DISEASE.

The hearing is roughly tested by asking each child in a whisper to do something such as open the mouth. The result of the request shows whether the hearing is acute or not. Every child whose hearing appeared to be defective was then more fully examined to find out the cause.

12 boys and 3 girls were found to be deaf, the deafness in most cases being due to chronic otorrhoea (discharging ears). In the other cases the deafness was the result of wax or pathological conditions of the throat.

It is difficult to get parents to understand the gravity of a chronic running ear. If neglected, the condition may lead to total disorganisation of the internal ear resulting in incurable deafness. The inflammation may spread through the thin layer of bone which is all that intervenes between the internal ear and the base of the brain, setting up inflammation or abscess in that organ. Persistant and regular syringing of the affected ear should be tried first, and if no improvement results in a reasonable time, surgical interference is called for.

Other causes of deafness are more easily treated, and medical advice should always be sought. A deaf child is not in an enviable position in school. He is backward and appears stupid, listless and inattentive, and may be punished for faults which he is unable to help.

(10). DEFECTIVE SPEECH.

7 boys and 6 girls were found to be suffering from affections of speech.

The most common defects are Stammering and Stuttering which as a general rule can be cured by careful attention to breathing and patient instruction. Unfortunately, the teacher has not the time to spare for the instruction necessary, and parents are somewhat indifferent.

Imperfect speech is a drawback both to teacher and pupil, and when cured the time spent is well repaid.

(11). MENTAL CONDITION.

15% of children are noted as being mentally dull, but accurate deductions cannot be made from this. It is impossible for a school doctor in the few minutes he spends over each child to accurately gauge its mental condition, and the standard of each individual teacher varies in every school.

More important is the fact that 7 boys and 5 girls were found to be mentally defective. These 12 children were carefully examined by myself. The question as to whether a mentally defective child should attend an ordinary school depends upon the gravity of the defect. Some cases undoubtedly benefit from mixing with the other children, and their minds develop to a certain extent. Other cases, however, particularly imbeciles, are better away from school. They derive no benefit, and their presence disturbs the harmonious working of the class.

(12). DISEASES OF THE HEART AND CIRCULATION.

Abnormal conditions of the heart were present in 12 boys and 39 girls. These conditions varied from soft systolic murmurs and irregularities of action to severe cases of organic disease.

Of the 51 cases noted 5 were cases of organic disease. One of these was congenital in origin and was associated with other malformations. The remainder were due to acute rheumatism or Scarlet Fever.

It is difficult to classify the conditions present in the other 46 children. It is fairly common to find soft blowing murmurs, systolic in time, over both the base and the apex of the heart. The great majority of these are merely temporary, and have apparently no important effect on the general health of the child, nor are they accompanied by any heart symptoms. They are more common in girls than in boys, and at the later stages of school life than the earlier. They are no doubt, transient conditions, associated with local and general development.

All the severe cases of anaemia had, as a rule, a systolic murmur at the base of the heart.

The cases of organic disease of the heart were all brought to the notice of the parents or guardians of the children affected, and the serious nature of the condition and its effects on the child's career discussed with them. The teacher was also informed, and the children themselves when old enough to understand.

(13). DISEASES OF THE LUNGS.

Abnormal or diseased conditions of the lungs were found in 67 children as shown in Table XIX. :—

Catarrh	25
Tuberculosis	7
Bronchitis	6
Asthma	1
Indefinite Conditions	28

Catarrh, as one would expect, is the commonest of these affections.

Tuberculosis accounted for 7 cases, ·39%. These were all cases of which there could be no doubt ; but it must not be forgotten that a large proportion of the 28 indefinite conditions is probably tubercular. The diagnosis of early tuberculosis in a child is a matter of extreme difficulty. Slight differences in the quality of the breath sounds in corresponding areas in each lung are common. How far these differences may be due to early tubercular infiltration it is impossible to determine by ordinary clinical methods. Consequently, all children in whom such differences were noticed were re-examined at each subsequent visit to the school the weight taken and any change discovered on auscultation noted. Many of the cases were found to be without any signs of lung trouble on a second examination.

Tuberculosis is a systematic infectious disease. Pulmonary tuberculosis (phthisis) is merely a local manifestation of what is really a general infection. The accurate diagnosis of pulmonary tuberculosis is impossible by the ordinary clinical methods employed in school medical inspection. It is true that the disease can be diagnosed when it has advanced sufficiently to give objective signs on auscultation and percussion, these signs becoming apparent at an earlier or later stage of the disease according to the care taken in the examination. But it cannot be said that these are the only cases of phthisical children. Tuberculosis, like most other infectious diseases, is a disease of childhood. The infection is, as a rule, acquired in early years. The child may entirely recover without showing any apparent symptoms ; or the recovery may be temporary and the disease become lit up again at puberty or early adolescence. The results of post mortem examinations show that as many as 75% of apparently healthy people have suffered at one time or another from tuberculosis. The results of the tuberculin test go even further. By its means, some authorities have discovered that 90% of children are tubercular, or at least give a positive re-action. The results of these investigators are greatly at variance with school medical inspection reports. But the difference is wholly due to the fact that the usual methods of diagnosis employed by the school doctor in his routine examinations are not nearly accurate enough according to modern scientific standards. When tubercular disease of the lung is discovered by the stethoscope the time may be past when practical use can be made of the discovery.

Tubercular disease starts in the glands either of the neck or abdomen, spreading to the glands at the root of the lung and thence along the lines of the main bronchi into the lung substance. It follows, therefore, that when the lung lesions have developed sufficiently to be apparent on percussion or auscultation, the general infection may be far advanced. To eradicate tuberculosis we must begin with the tubercular child. In the child we must diagnose the condition at the earliest possible moment, and place the patient in a healthy environment and under suitable treatment. That can only be done when we look on tuberculosis as a general and not a local disease. Every child with enlarged glands is potentially phthisical, and should be looked upon as such.

Of the tubercular children examined last year, one is dead, one is in an open air shelter after undergoing treatment in a sanatorium for over a year and the rest are undergoing treatment in their own homes with more or less success.

The conducting of classes in the open air should be more general than it is. There is no reason why the teacher should not conduct her class outside when the weather is suitable. The resulting benefit to the health of the children, and the teacher too, would be marked. Open shelters are generally available in most school playgrounds, and they form ideal class rooms. The proper ventilation of class rooms should also receive more attention than it does from many teachers.

(14). OTHER TUBERCULAR DISEASE.

9 children of whom there could be no reasonable doubt were found to be suffering from tubercular disease of the cervical glands. But there is no question that a large proportion of the other 380 cases of glandular enlargement are really tubercular.

5 children suffered from tubercular disease of the bones, one of the skin and one of the spine.

(15). DISEASES OF THE NERVOUS SYSTEM.

One case of Epilepsy and two cases of Infantile Paralysis were examined.

(16). RICKETS

Only three children were found to have had Rickets, and they were all boarded out children from Glasgow.

(17). DEFORMITIES.

In Table XX. is tabulated the only deformities seen during the year :—

TABLE XX.

Pigeon Chest	11
Spinal Curvature	5
Others	5

(18). INFECTIOUS AND CONTAGIOUS DISEASE.

Only 6 cases of infectious and Contagious Disease were discovered during the routine inspections—Scabies, 3 ; Ringworm, 2 ; and Whooping Cough, 1.

(19). ANAEMIA.

128 children were found to be suffering from various degrees of anaemia. In nearly all cases it was associated with malnutrition. Carious Teeth and Enlarged Glands were common accompaniments.

The condition was occasionally met with in the older girls in Higher Grade Schools, apparently the result of overpressure and unsuitable home conditions. Girls at the age of puberty have to bear considerable mental and physical strain and this is greatly aggravated by hard study in a small, badly ventilated and overcrowded room, which has to do duty both for work and sleep.

III. CRITICISM OF RESULTS.

Two questions naturally arise after the perusal of a Report on School Medical Inspection—"Are the time and money spent on School Medical Inspection justified by results ?" and "Are the defective children receiving treatment when the attention of the parents and guardians is directed to its necessity ?"

One result of great importance is that the public mind has been awakened to the prevalence of a vast number of conditions directly detrimental to the child's education and seriously affecting its usefulness as a citizen of the state ; and that many of these conditions are easily prevented or remedied if taken in time.

The attention of parents has been drawn to ailments which were formerly only considered serious or deserving of treatment by the well-to-do. The necessity for School Medical Inspection has been fully proved by every Report published. The necessity for treatment naturally follows.

Table XXI. shows the proportion of cases which have received treatment in this county.

TABLE XXI.

Condition.	Notices Sent.	Attended to Number	Per Cent.
Vision	53	21	39.6
Vermin	33	24	72.7
Malnutrition ..	22	19	86.3
Malnutrition ..	10	8	80
Ear Disease ..	6	4	66.6
Nose and Throat .	4	2	50
Scabies	3	3	100
Teeth	3	1	33.3
Clothing	3	3	100
Rupture	2	2	100
Others	4	4	100

Notices were sent to the parents of 53 children suffering from defective vision. These consisted of new cases discovered and cases untreated from last year. 21 of these have been provided with glasses, a percentage of 39.6. Notices were sent in the case of defective teeth to the parents of only four children and only one was treated. It was considered useless to ask the parents of all children with defective teeth to seek treatment owing to the difficulties in the way.

The results as shown by the Table cannot be said to be satisfactory. If Medical Inspection is to be a success, the treatment recommended must be carried out. In the case of town areas, with hospitals and dispensaries, the difficulties in the way of adequate treatment are less than in country districts. Defects of vision, for example, require the services of a specialist. Each child has to get a prolonged and careful examination and accurate measurement of the error of refraction; and where the country practitioner is qualified for this, he can rarely afford the necessary time. The same remarks apply to the treatment of ear and throat conditions; but in these cases skilled nursing is required in addition to the medical treatment. It is evident that under these circumstances, treatment for such defects is an impossibility for the greater number of parents in this county.

Most of the children suffering from defective vision in the east coast schools have been attended to, but very few from the north and west. This cannot be wondered at. The reason is obvious when it is remembered that Durness is 55 miles by road from Lairg and 73 from Golspie, and that unless a special conveyance is used, a visit to Golspie means three days away from home. Whether a special motor car is hired or the ordinary mail coaches used, the time involved and expense entailed is absolutely prohibitive to the average parent. The same applies to all the hamlets and villages on the west. On the north coast travelling to Thurso is somewhat easier, but the expense is also great.

It is obvious, therefore, that poor parents in these districts cannot afford adequate specialistic treatment without help. £7,500 were set apart last year by the Scotch Education Department for the treatment of necessitous school children; but the sums granted to School Boards in this county are hopelessly inadequate for effective treatment. It must be remembered that the term necessitous has a much wider application in a county like Sutherland than in a town. Practically every child requiring treatment in the remote west and north is necessitous, and in the allocation of grants this should be considered.

We see, then, how impossible it is for the individual parent to afford treatment for such conditions as Defective Vision, Enlarged Tonsils and Adenoids and Teeth.

In large centres of population School Clinics have been successfully established, and it is on a modification of these lines that we must look for treatment here.

There are two methods practicable—

(1). Specialist employed to visit each school or centre in each School Board Area.

(2). Children in need of treatment to be brought to one common centre—School Clinic—where treatment can be had.

I think it must be evident to all that the latter of these two methods is the more practicable. It would involve enormous outlay to send an eye specialist and a dentist to each school, or even to one or more centres in each area. And further, the proper examination and measurement and correction of errors of refraction would be a practical impossibility in many of the schools.

Arrangements could be made, however, whereby batches of children could be conveyed to Lairg, Golspie or Thurso, or other convenient centre, their defects attended to and conveyed home the same day. This would be quite possible in summer. A motor car holding 8, 10 or more can be hired for £4 or £5 per day, and the only other expense would be the specialist's fee, cost of glasses and dinner and tea on the road.

If we compare this with the expense that a visit of a specialist to each school would entail, and the unsatisfactory results that would follow, I think there is no doubt which is the more suitable method.

Treatment of defective teeth could be undertaken on the same system. If extraction alone were to be considered, the visit of a dentist once or twice a year to each school might be arranged, but it would not be possible to do much conservative treatment on these lines.

Enlarged Tonsils and Adenoids, and such condition as ear disease, rupture, etc., could be undertaken at the Lawson Memorial Hospital, Golspie, and arrangements to this end could, I am sure, be made.

For after treatment, for following up defectives and for linking up the home and the school, to educate parents and impress on them the need for treatment, the employment of one or more school nurses is a necessity. Properly trained and sympathetic school nurses could do an incalculable amount of good in a county such as this, and no scheme of medical inspection can be said to be complete without the school nurse.

Such is the bare outline of a scheme for the treatment of defective school children, and, in my opinion, it is the only practical method of obtaining adequate treatment in this county. Details would have to be carefully gone into and the whole scheme elaborated in a way which I cannot attempt here. A beginning must be made to obtain treatment on sound lines, and the above suggestions are made to invite criticism and discussion so that something may be done.

The great difficulty in the way of any scheme of treatment is the usual one of want of money. Last year, as I said before, the sum of £7,500 was set apart for the treatment of necessitous school children. All the School Boards in the county have applied for a share of this grant, and at the time of writing the following sums have been awarded :—

Assynt	£4
Dornoch	£5
Eddrachillis	£2
Kildonan	£3
Tongue	£2

This works out at an average of £3 4s. per Board, or £41 12s. for the whole county on the same basis of distribution This sum is quite inadequate for the effective treatment of the necessitous school children in the county. The School Board of Eddrachillis, for example, have been given a grant of £2, but they have already spent £8 10s. in the treatment of vision alone. Granted that they were premature in spending this sum. still a Board in such a remote and inaccessable district as Eddrachillis showed remarkable public spirit in seeing that the children under their charge were afforded effective treatment. I have no doubt the balance of the money expended will be found.

The Departmental Grant is therefore not sufficient for the treatment of necessitous school children in this county as I do not suppose it was meant to be. More money must accordingly be found. In paragraph 8 of their circular of 20th October the Department state that " the Lords Commissioners of His Majesty's Treasury have intimated that they will require an equivalent contribution, whether from rates or other local sources, as a condition of the payment of any grant that may be given for the medical treatment of school children after the current year." Some money might be raised by voluntary subscription and the parents of defective children could be asked to contribute a little according to their means.

A complete scheme for the medical treatment of school children could be most economically and efficiently administered by a combination of all the School Boards in the county, either in the form of the County Education Committee, or a special Committee representative of each Board. Unless a beginning is made nothing can be done, and as a first step in this direction a Medical Treatment Sub-Committee of the Education Committee should be appointed to enquire into the best means of obtaining adequate treatment, of raising funds and administering the money.

IV. SANITARY SURVEY.

There has been a general improvement in the sanitary condition of the schools since last year. Cleanliness is, as a rule receiving more careful attention, offices are better looked after, and where structurally bad, are being improved. School furniture is gradually improving, but the old-fashioned, body twisting long desk is still too common.

Ventilation is more satisfactory, but some teachers should pay more attention to this very important adjunct to the health of school children.

The difficulty of getting a proper water supply for some of the schools is receiving attention, as will be seen from the detailed reports.

A. SCHOOL BOARD OF ASSYNT.

(1) Achmelvich.

Sanitary condition generally satisfactory.

(2) Assynt.

Satisfactory.

(3) Drumbeg.

Accommodation and Seating.

This year the accommodation is more satisfactory, but the desks in the senior room are still unsuitable.

Cleanliness, &c.

Fair, but there is too much dust on the walls. Washable distemper should be used.

Lighting, Warming and Ventilation.

Fair.

Water Supply.

Carried from a well about 300 yards away. Not very satisfactory.

Offices.

Pail Closets have been introduced since last year, which are a great improvement on the insanitary privy middens commented on in last Report.

PLAYGROUND AND SURROUNDINGS.

Fairly satisfactory, but there is still the same heap of rubbish in the corner.

GENERAL REMARKS AND RECOMMENDATIONS.

The sanitary condition of this school is considerably improved since last year. The introduction of a proper water supply would remove practically all cause for complaint.

(4) ELPHINE.

ACCOMMODATION AND SEATING.

Desks are still unsuitable for young children. See last year's Report.

CLEANLINESS, &C.

Satisfactory, but the walls should be done with washable distemper.

LIGHTING, WARMING AND VENTILATION.

Satisfactory.

WATER SUPPLY.

None. See last year's Report and recommendations.

OFFICES.

Privy Midden. Better looked after than last year.

PLAYGROUND AND SURROUNDINGS.

Very wet all round. No improvement from last year.

GENERAL REMARKS AND RECOMMENDATIONS.

Practically none of the recommendations made last year have been attended to. The roof of the cloak room is still leaking badly, and the walls are very damp. A proper water supply is still required.

(5) LOCHINVER.

ACCOMMODATION AND SEATING.

Desks as last year—of old long type and unsuited for young children.

CLEANLINESS, ETC.

Fair; but walls should be done with washable distemper.

LIGHTING, WARMING AND VENTILATION.

Satisfactory.

WATER SUPPLY.

Stand well supplying loch water. The loch is badly polluted by refuse from the school privies and other harmful substances, and on one occasion the water supplied by the well was actually smelling. The use of the well has been discontinued but so far no new supply has been introduced.

OFFICES.

Privy Midden. Not by any means well kept. More careful supervision is necessary.

PLAYGROUND AND SURROUNDINGS.

Surroundings are not satisfactory. The school is built on a narrow neck of land jutting out into the loch, and sometimes in winter when the water rises, the school is really on an island. A new shelter shed has been erected since last report.

(6) STOER.

ACCOMMODATION AND SEATING.

Accommodation satisfactory. Desks of old long type.

CLEANLINESS, ETC.

Fairly satisfactory.

LIGHTING, WARMING AND VENTILATION.

Fair.

WATER SUPPLY.

From well as last year. I have again to point out that the use of this water for drinking purposes is dangerous.

OFFICES.

Privy Midden, cleaner and better kept than last year.

(7) UNAPOOL.

The sanitary condition of this school is the same as last year; and I have to draw attention to the remarks and recommendations then made.

B. SCHOOL BOARD OF CLYNE.

(1) CLYNE.

The general sanitary condition of this school is fairly satisfactory. The drainage underwent a complete overhaul last year, and the Offices have been improved, though separate wash down closets have not been introduced.

(2) DOLL.

Ventilation is not as good as it might be. The only other unsatisfactory condition about this school is the water supply which is brought from a well a considerable distance away.

(3) STRATH-BRORA.

The water supply for the school is got from a burn and is not satisfactory. A spring supply should be sought for somewhere near the school. Otherwise the condition of the school is quite satisfactory.

C. SCHOOL BOARD OF CREICH.

(1) BONAR BRIDGE.

The general sanitary condition of this school is fairly satisfactory. More attention might be paid to the cleanliness of the walls.

(2) INVERSHIN.

Since last Report new water closets of an excellent type have been introduced. A new gravitation water supply has also been provided. The walls are done with Duresco, which gives an excellent appearance to the school.

The playground is rather wet.

(3) LARACHAN.

ACCOMMODATION AND SEATING.

The desks are of the old long type and are not satisfactory.

CLEANLINESS, ETC.

Fair, but the floor has the appearance of not being scrubbed often enough.

LIGHTING, WARMING AND VENTILATION.

Ventilation is only fair.

WATER SUPPLY.

Gravitation. Good.

OFFICES.

Privy Midden. Not much used.

(4) ROSEHALL.

ACCOMMODATION AND SEATING.

Sufficient and satisfactory.

CLEANLINESS, ETC.

There is too much dust on the walls, and the floors are not scrubbed often enough. More strict attention to the cleansing of this school is required.

LIGHTING, WARMING AND VENTILATION.

Lighting and Ventilation are satisfactory, but the heating is defective, especially in the morning.

WATER SUPPLY.

Gravitation. Excellent.

OFFICES.

Privy Midden. Dirty. These must be cleaned out more frequently and more attention paid to cleanliness. The ashpits also must be emptied more regularly.

D. SCHOOL BOARD OF DORNOCH.

(1) BALVRAID.

General sanitary condition and cleanliness fairly satisfactory, but the desks are very old and cumbrous. New desks should be introduced.

(2) REARQUHAR.

The desks here are similar to Balvraid and are not at all suitable for young children. Lighting and ventilation are satisfactory, but the heating is doubtful. No thermometer is provided. The playground is very wet in wet weather. It should be better drained.

(3) SKIBO.

Sanitary condition satisfactory, but no water supply.

(4) EMBO.

This school remains in the same unsatisfactory condition as last year. Plans have been drawn up for enlarging the school and improving its sanitary condition generally, but as yet a start has not been made.

(5) DORNOCH.

A splendid new school was opened in Dornoch in January, 1912, excellent from every point of view.

E. SCHOOL BOARD OF DURNESS.

(1) Durine.

There is not much room for complaint as regards the sanitary condition of this school with the exception of the playground, which is very rough and dangerous. Negotiations are in progress for acquiring a piece of more suitable ground.

(2) Laid.

The only criticism that can be made about this school is the source of the water supply which is derived from an open burn close beside the school. The water is open to pollution, and a more suitable supply should be sought for.

F. SCHOOL BOARD OF EDDRACHILLIS.

(1) Inshegra.

The walls of this school are somewhat damp in places which should be looked to. The water supply is derived from a well, but a gravitation supply is under consideration.

(2) Scourie.

There is a great improvement in the sanitary condition here. New desks have been supplied for the infant room, the cleaning is better, and the privies have been repaired.

(3) Oldshore.

Accommodation and Seating.

Accommodation limited in the Infant Room. New dual desks have been introduced to the Junior Room.

Cleanliness, Etc.

Excellent.

Lighting, Warming and Ventilation.

Lighting and ventilation of Infant Room very bad.

Water Supply.

None.

Offices.

Pail Closets. Clean and well kept.

General Remarks.

Plans have been prepared for enlarging and otherwise improving the sanitary condition of this school. Water is also to be introduced.

(4) FANAGMORE.

Sanitary condition very satisfactory with the exception of the privies. The burn led under the seats overflows round the front of the offices. It would be more satisfactory if the overflow were led round the rear.

G. SCHOOL BOARD OF FARR.

(1) ARMADALE.

ACCOMMODATION AND SEATING.

Desks are unsuitable. See last year's recommendations.

CLEANLINESS, ETC.

Satisfactory.

LIGHTING, WARMING AND VENTILATION.

Both ventilation and lighting are very poor.

WATER SUPPLY.

Gravitation. Satisfactory.

OFFICES.

Privy Midden. Not at all well kept. Pail closets would be better.

GENERAL REMARKS AND RECOMMENDATIONS.

Improvement in desks, lighting, ventilation and privies are eminently desirable at this school.

(2) DALHALVAIG.

This school is excellently kept, and admits of no criticism except as regards the desks which are unsuitable.

(3) FARR.

The sanitary condition of this school has undergone considerable improvement since last year. The large room commented on last year has been divided into two, and the heating and lighting improved. Pail closets have been introduced.

(4) KIRTOMY.

The desks here are also of the old long type and not suitable for young children. Otherwise the general sanitary condition of the school is very satisfactory. In spite of the comments made last year, however, meetings are still held in the school room, and spitting on the floor still persists. This should be stopped at once.

(5) MELVICH.

The desks here are unsatisfactory as in the other schools. There is no water supply to the school which is a grave inconvenience. Cleansing and general sanitation are otherwise satisfactory.

(6) STRATHNAVAR.

This is a well kept school, and the general sanitation is very good. The boys' urinal, however, should be removed. The drain is choked and it is a general nuisance.

(7) STRATHY.

ACCOMMODATION AND SEATING.

Like the other schools, the desks are unsatisfactory.

CLEANLINESS.

Only fair.

LIGHTING, WARMING AND VENTILATION.

Fair.

WATER SUPPLY.

From well, carried to school.

OFFICES.

Privy Midden. Improved greatly since last year.

GENERAL REMARKS AND RECOMMENDATIONS.

The possibility of introducing a gravitation water supply to the school should be considered. The present arrangement by which the water is carried from a well a considerable distance away is not satisfactory. There is a good spring about 800 yards away from the school which would give a good supply.

H. SCHOOL BOARD OF GOLSPIE.

(1) GOLSPIE.

Apart from certain structural defects, Golspie Higher Grade School is quite satisfactory. The cleaning of the rooms and closets is well attended to.

I. SCHOOL BOARD OF KILDONAN.

(1) HELMSDALE.

This school is structurally bad, and consequently the lighting and ventilation of some of the rooms, especially in the junior department, are defective. Otherwise the cleanliness and general sanitation are satisfactory. The walls, however, should be done with washable distemper. It is impossible to dust or disinfect properly the walls at present.

(2) KILDONAN.

This school is maintained in a fairly satisfactory condition. The desks, however, are not suitable, and the same remarks apply to the walls as at Helmsdale.

(3) KINBRACE.

Generally satisfactory, but walls and desks as at Kildonan.

J. SCHOOL BOARD OF LAIRG.

(1) LAIRG.

A great deal has been done to improve the sanitary condition of this school since last Report. The heating has been improved by the introduction of several anthracite stoves, while the lighting and ventilation have been made quite satisfactory by dividing up two rooms into three and making three new windows. Water closets are also about to be introduced, and new desks have been provided.

(2) SHINNESS.

Sanitary condition fairly satisfactory. The heating seems to be improved, and attempts have been made to cure the dampness complained of last year.

K. SCHOOL BOARD OF LOTH.

(1) LOTH.

The floor of this school is broken and defective in places especially towards the back wall. In fact, the whole woodwork is rotten and in need of renewal. The walls are also broken in places. They should be repaired and distempered. Desks are of the old long type and not suitable.

(2) PORTGOWER.

General sanitation satisfactory, but the same remarks apply to the walls and desks as in Loth.

L. SCHOOL BOARD OF ROGART.

(1) BLARICH.

General sanitation and cleanliness excellent. The new water closets are giving every satisfaction.

(2) ROGART.

This school is also well kept, and the general sanitation very satisfactory.

(3) RHILOCHAN.

With the exception of the desks, which are very cumbrous and old fashioned, there is no cause of complaint here.

M. SCHOOL BOARD OF TONGUE.

The improvements recommended to this Board last year have been carried into effect with very satisfactory results. The sanitary condition of Tongue and Skerray Schools has been vastly improved.